

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

34340

JAN 4 1934

PLACE OF DEATH

County St. LouisTownship CentralCity Wallerston

(No.)

Registration District No. 159Primary Registration District No. 6433B

File No.

Registered No. 300

St. Ward)

2. FULL NAME George A. Schmidt(a) Residence, No. 2155 -- 69 th str. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Schmidt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6th 1896</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>5</u>	DAYS <u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	11. Total time (years) spent in this occupation <u>35 1/2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
10. Date deceased last worked at this occupation (month and year) <u>Nov 4 1932</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Elizabeth Schmidt
(ADDRESS) 2155 -- 69th st Wallerston Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Val Halla Cem. DATE Oct 17 193319. UNDERTAKER Baumann Bros and Sons
(ADDRESS) 2504 Woodward Rd Overland20. FILED 10/1/37 1933 Golla Grace H. D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14 1933

22. I HEREBY CERTIFY, That I attended deceased from

, 19...., to....., 19....

I last saw him alive on....., 19.... Death is said

to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Chr. endocarditis, Chr. myocarditis,
Chr. pericarditis, metastatic edema
both lungs. Hepatic fibrosis and
splenic.

Other contributory causes of importance:

Acute dilatation of stomach
dilatation of right heart,
extreme cerebral edema.
Chr. inebriety. Gastric contents

Name of operation..... Date of.....

What test confirmed diagnosis? autopsy. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide..... Date of injury....., 19....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) John B. Thomas 10/19/33(Address) 3718 Jennings Rd.Proctor & Thomas, Co. Inc.

3
Mostly alcohol.